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Bib Data Sheet

SERIAL NUMBER 09/602,643	FILING DATE 06/22/2000 RULE -	CLASS 705	GROUP ART UNIT 2761 3626	ATTORNEY DOCKET NO. RADV-100-USA
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*none ln 5-10-05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none ln 5-10-05*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 08/14/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>Johnnayuan Ln</i> Examiner's Signature	Initials			

## ADDRESS

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## TITLE

Medical image management system and method

FILING FEE RECEIVED 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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